FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED

2010 NOV 19 AM 7: 58

Dennis R Refiberg (b) Address (number and str	reet)	Check if address changed	2. Identification Number	
4401 Highway 3	tumi		H0MT00033	
(c) City, State and ZIP Cod	le		3. Is This New	Amende
Billings	MT	59106-		A)
Party Affiliation	5. Office Sought	i	strict of Candidate	
REPUBLICAN PARTY	House	MT 0		
	DESIGNATION OF PR	RINCIPAL CAMPAIGN	COMMITTEE	
I hereby designate the following	named political committee as my	Principal Campaign Committee		
NOTE:This designation sho	uld be filed with the appropriat	te office listed in the instruct	(year of election) ions.	
(a) Name of Committee (in f	full)			
Rehberg for Congress				
(b) Address (number and str	reet)			
PO Box 1597				
(c) City, State and ZIP Cod	le			
•		Joint Fundraising Represen		у
I hereby authorize the following r candidacy.	DESIGNATION OF O	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit	tatives)	у
I hereby authorize the following r candidacy.	DESIGNATION OF O' (Including an amed committee, which is NOT) and be filed with the principal of	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit	tatives)	у
I hereby authorize the following r candidacy. NOTE:This designation sho	DESIGNATION OF O (Including an amed committee, which is NOT) and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit	tatives)	y
I hereby authorize the following r candidacy. NOTE:This designation sho (a) Name of Committee (in f	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit	tatives)	y
I hereby authorize the following r candidacy. NOTE:This designation sho (a) Name of Committee (in f	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit	tatives)	
I hereby authorize the following r candidacy. NOTE:This designation sho (a) Name of Committee (in f	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit	tatives)	y .
I hereby authorize the following reandidacy. NOTE:This designation sho (a) Name of Committee (in factor) (b) Address (number and state) (c) City, State and ZIP Code	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit campaign committee.	tatives)	
I hereby authorize the following reandidacy. NOTE:This designation sho (a) Name of Committee (in factorial) (b) Address (number and street) (c) City, State and ZIP Code	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit campaign committee.	tatives)	
I hereby authorize the following reandidacy. NOTE:This designation sho (a) Name of Committee (in factor) (b) Address (number and state) (c) City, State and ZIP Code	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit campaign committee.	dee, to receive and expend funds on behalf of many dee, to receive and expend funds on behalf of many dee, to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on the receive and expend funds	
I hereby authorize the following reandidacy. NOTE:This designation sho (a) Name of Committee (in factorial) (b) Address (number and street) (c) City, State and ZIP Code	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit campaign committee.	dee, to receive and expend funds on behalf of many dee, to receive and expend funds on behalf of many dee, to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on the receive and expend funds	
I hereby authorize the following reandidacy. NOTE:This designation sho (a) Name of Committee (in factorial) (b) Address (number and street) (c) City, State and ZIP Code	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full)	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit campaign committee.	tatives) see, to receive and expend funds on behalf of m	
I hereby authorize the following reandidacy. NOTE:This designation sho (a) Name of Committee (in formation of the committee (in formation)) (b) Address (number and structure) (c) City, State and ZIP Code I certify that I have ignature of Candidate	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full) Treet) MT ave examined this Statement and the statem	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit campaign committee.	ee, to receive and expend funds on behalf of mode, to receive and expend funds on behalf of mode, and belief it is true, correct, and compate	plete.
I hereby authorize the following reandidacy. NOTE:This designation sho (a) Name of Committee (in formation of the committee (in formation)) (b) Address (number and structure) (c) City, State and ZIP Code I certify that I have ignature of Candidate	DESIGNATION OF O (Including an amed committee, which is NOT and be filed with the principal of full) Treet) MT ave examined this Statement and the statem	THER AUTHORIZED Joint Fundraising Represen my principal campaign commit campaign committee.	dee, to receive and expend funds on behalf of many dee, to receive and expend funds on behalf of many dee, to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on behalf of many deep to receive and expend funds on the receive and expend funds	plete.

(3/2005)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED